

01712

STATE DEPARTMENT OF HEALTH

MARYLAND

1740

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME OF DECEASED) STATE	
<i>Dorchester</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Rhodesdale</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rhodesdale</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <i>(If rural, give location)</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<i>George</i> (First)		(Month) <i>2</i> (Day) <i>12</i> (Year) <i>1956</i>	
5. SEX	6. COLOR OF RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH
<i>Male</i>	<i>White</i>	<i>Married</i>	<i>1/15/1869</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE last birthday	
<i>Fire Contractor (Ret) George Barnes</i>		If under 1 year Months <i>86</i> yrs.	
10b. INDUSTRY		11. BIRTHPLACE (State or foreign country)	
		<i>England</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>George E. Adshead</i>		<i>Alma Turner</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<i>422.1</i>			
Immediate cause		(a) <i>Chronic Myocardial Degeneration</i>	
Antecedent cause(s)		<i>10 yrs +</i>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		<i>General Atherosclerosis</i>	
		<i>10 yrs +</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from....., 19 <i>45</i> , to....., 19 <i>56</i> , that I last saw the deceased alive on <i>Feb. 10, 1956</i> , and that death occurred at <i>6:00A</i> m., from the causes and on the date stated above.			
SIGNATURE <i>W. Harrison</i>		(Degree or title) <i>MD</i> ADDRESS <i>Hurlock Md.</i> DATE SIGNED <i>2/15/56</i>	
23. BURIAL, CREMATION REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORIUM	
DATE <i>2/14/56</i>		LOCATION (City, town, or county) <i>East New Market, Md.</i> (State)	
DATE REC'D BY LOCAL REG. <i>Feb 14 1956</i>		24. FUNERAL DIRECTOR ADDRESS <i>Keith S. Hollingsby</i>	
REG. <i>Charlton Harrison</i>			

BUREAU U. S.

FEB 23 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01713

1729 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Cambridge

LENGTH OF STAY
(in this place)

1 day

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN CambridgeSTREET
ADDRESS

(If rural give location)

417 Henry Street

3. NAME OF
DECEASED:
(Type or Print)

CHARLES

(First)
(Middle)

LEE

(Last)
BRANNOCK4. DATE (Month)
OF
DEATH: 2(Day)
14(Year)
19 56

5. SEX:

Male

6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify) Married8. DATE OF BIRTH:
Oct. 6, 18969. AGE last birthday
59IF UNDER 1 YEAR
yrs.
Months DaysIF UNDER 24 HRS.
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Ins. Agent

10B. KIND OF BUSINESS
OR INDUSTRY:

Life Insurance

11. BIRTHPLACE (State or foreign country):
Dorchester County, Md.12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

Edgar Brannock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) Yes W. War 1

16. SOCIAL SECURITY NO.

214-07-7197

14. MOTHER'S MAIDEN NAME:

Annie Brerewood West

17. INFORMANT & ADDRESS:

Mrs. Dessie Brannock Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

421.1

IMMEDIATE CAUSE

(A)

DUE TO

Shock.

ANTECEDENT CAUSE (S)

(B)

DUE TO

Multiple infarcts - Spleen, Brain
Kidneys 3 hours
atherosclerosis (marginal) aorta.

(C)

coronary artery thrombosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10/1956 to 11/14/1956 that I last saw the deceased
alive on 11/14/1956, and that death occurred at 10:30 A.M. from the causes and on the date stated above.
SIGNATURE ADDRESS DATE SIGNED
John Brannock Cambridge, Md. 11/14/5623. BURIAL, CREMATION,
REMOVAL
(SPECIFY)DATE THEREOF
2-17-56NAME OF CEMETERY OR CREMATORIUM
Dorchester Memorial ParkLOCATION (City, town, or county)
Cambridge Dorchester, Md. (State)DATE REC'D BY LOCAL
REGISTRAR
Sept. 16, 1956REGISTRAR'S SIGNATURE
John Brannock, M.D.24. FUNERAL DIRECTOR
LeCompte Funeral ServiceADDRESS
Cambridge, Md.

RECEIVED
FEB 20 1956
BUREAU V.

1730 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Dorchester MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town) LENGTH OF STAY
 TOWN Cambridge (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Dorchester
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Cambridge (If rural give location)

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS 84 Washington St

STREET
 ADDRESS 84 Washington St

3. NAME OF
 DECEASED:
 (First) John (Middle) Edward (Last) Burres

4. DATE (Month) (Day) (Year)
 OF
 DEATH: Feb 12 1956

5. SEX: Male 6. COLOR OR RACE: Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED.
 (Specify): Widowed 8. DATE OF BIRTH: March 18, 1872

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Dorchester County, Md. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Burres

14. MOTHER'S MAIDEN NAME: Caroline Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: Elenor Seymour, Cambridge, Md

18. MEDICAL CERTIFICATION
 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0

INTERVAL BETWEEN
 ONSET AND DEATH

IMMEDIATE CAUSE

(A) Cardiac Decompensation

ANTECEDENT CAUSE (S):

DUE TO

(B) Arteriosclerotic Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State)
 INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While Not while
 M. at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 1953, to Feb. 12, 1956 that I last saw the deceased alive on Feb. 12, 1956, and that death occurred at 6 A.M., from the causes and on the date stated above.
 SIGNATURE J. Edwin Fassett, M.D. 227 Pine St-Camp., Md. 2-15-56

ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/17/1956

NAME OF CEMETERY OR CREMATORIUM Crapo Cemetery LOCATION (City, town, or county) (State) Crapo, Maryland

DATE REC'D BY LOCAL REGISTRAR Feb. 12, 1956

REGISTRAR'S SIGNATURE John H. H. D.

24. FUNERAL DIRECTOR H. M. St. Clair, Jr. Cambridge, Md. ADDRESS

BUREAU V. S.

FEB 20 1956

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1731

01715
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN CambridgeLENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Cambridge Md. Hospital

3. NAME OF
DECEASED:
(Type or Print)

(First) Percy

(Middle)

(Last)

5. SEX:
Male6. COLOR OR
RACE:
Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Married8. DATE OF BIRTH:
April 6, 19129. AGE last birthday:
43 yrs.4. DATE
(Month) (Day) (Year)
OF
DEATH Feb. 16, 195610a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Laborer10b. KIND OF BUSINESS OR
INDUSTRY: Oystering

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT
COUNTRY? USA

13. FATHER'S NAME:

Edgar Cephas

14. MOTHER'S MAIDEN NAME:

Nora Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.: 217-10-8102

17. INFORMANT & ADDRESS:

Willie Cephas: Cambridge, Md.

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:331X
Immediate cause

(a) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

24 hrs.

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M.21e. INJURY OCCURRED
While at work Not while at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.

DATE SIGNED

2/20/56

23. BURIAL, CREMATION,
REMOVAL (Specify): Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

Dorchester Md.

DATE REC'D BY LOCAL
REG. REC.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Feb. 1956

H. M. St. Clair Cambridge, Md.

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FEB 21 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1801716

1741 CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hurlock - Rural LENGTH OF STAY (in this place) Life				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural STREET ADDRESS (If rural give location) Harrison Ferry			
3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Nellie Burke Christopher				4. DATE (Month) (Day) (Year) OF DEATH: February 12 1956			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: October 4, 1886	9. AGE last birthday: 69 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework				11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland			
10B. KIND OF BUSINESS OR INDUSTRY: Home				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Robert H. Conway				14. MOTHER'S MAIDEN NAME: Jennie Medford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None			
17. INFORMANT & ADDRESS: Margaret R. Simpson, Hurlock, Md., R.F.D.				18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				INTERVAL BETWEEN ONSET AND DEATH 1 hr. Coronary Thrombosis Hypertension & Chronic Myocarditis 10 yrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 6/1/1955, to 2/12/1956 that I last saw the deceased alive on 2/12/1956, and that death occurred at 7:15PM, from the causes and on the date stated above. SIGNATURE <i>Frank M. Anderson</i> M.D. ADDRESS DATE SIGNED Federalsburg, Md. 2/14/56							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State) Feb. 16, 1956 Saint Paul Cemetery Hurlock, Maryland, R.F.D.			
DATE REC'D BY LOCAL REGISTRAR Feb. 16, 1956				REGISTRAR'S SIGNATURE ADDRESS Charles Hastings J.J. Frampton and Son, Federalsburg, Md.			
24. FUNERAL DIRECTOR							

BUREAU V. 2

FEB 23 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01717

1742 CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <u>Cambridge</u>		MARYLAND LENGTH OF STAY (in this place) <u>19 Days</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>16 Eastern Shore Statetop</u>		STATE <u>Delaware</u> COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Middle Town</u> STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
<u>James Fletcher Conner</u> (First) (Middle) (Last)		<u>Feb. 20</u> 1956	
S. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 15 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PIRT</u>	11. BIRTHPLACE (State or foreign country) <u>Del</u>	9. AGE last birthday <u>85</u> yrs.
13. FATHER'S NAME <u>JOSEPH B. CONNOR</u>	14. MOTHER'S MAIDEN NAME <u>RACHEL SHAHAN</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT & ADDRESS <u>Hosp Rec'ds Cambridge Md</u>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>450.0</u> IMMEDIATE CAUSE (A) <u>general Arteriosclerosis</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____ <u>UNK</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 1</u> , 1956, to <u>Feb 20</u> , 1956, that I last saw the deceased alive on <u>Feb 19</u> , 1956, and that death occurred at <u>11:18 A.M.</u> from the causes and on the date stated above.			
ADDRESS (Street, city, town, state) <u>Thomas J. Dredge M.D.</u> DATE SIGNED <u>Feb 20 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>	DATE THEREOF <u>Feb 20 1956</u>	NAME OF CEMETERY OR CREMATORIAL <u>BETHEL</u>	LOCATION (City, town, or county) <u>CHEMPEAKE CITY MD</u> (State)
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE <u>John D. D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>LeCompte Funeral Service Cambridge Md.</u>	
DATE <u>Feb 20 1956</u>	ADDRESS <u>Cambridge Md.</u>		

1610
1000 CERTIFICATE OF DEATH

BUREAU V. S.

FEB 21 1963

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1732 CERTIFICATE OF DEATH

01718

Reg. Dist. No. 116

1. PLACE OF DEATH a. COUNTY Dorchester		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b 19 days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge	
3. NAME OF DECEASED (Type or print) LEILIA		First RIGGINS	Middle CREIGHTON
4. DATE OF DEATH Feb. 27 1956		5. SEX Female	6. COLOR OR RACE White
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 23, 1878	
9. AGE (In years lost birthday) 78 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Golden Hill, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Scott Riggins		14. MOTHER'S MAIDEN NAME Jane Shenton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Mr. Emerson Creighton Cambridge, Md.	
17. INFORMANT Mr. Emerson Creighton Cambridge, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 5 days	
517X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) RESPIRATORY VIRUS INFECTION		2½ weeks	
DUE TO (c) PARALYSIS OF RIGHT VOCAL CORD		2 mos.	
		DUE TO (c) HEMORRHAGE INTO RIGHT LOBE OF THYROID GLAND	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CORONARY HEART DISEASE WITH HEMIPARESIS DUE TO CEREBRAL		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) HEMORRHAGE	
20c. TIME OF INJURY Month, Day, Year Hour o. p. 19 p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 4-25-51 , 19, to 2-27-56 , 19, that I last saw the deceased alive on 2-27-56 , 19, and that death occurred at 4:30 A.M. , from the causes and on the date stated above. ACTUAL SIGNATURE <i>Albert E. Bunker</i> PHYSICIAN'S NAME (Type) ALBERT E. BUNKER, M. D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/1/56	
22c. NAME OF CEMETERY OR CREMATORIAL Dorchester Memorial Park		22d. LOCATION (City, town, or county) Cambridge Dorchester Md.	
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service		ADDRESS Cambridge, Md.	
24a. REC'D BY REGISTRAR DATE		24b. REGISTRAR'S SIGNATURE John H. Bunker, M.D.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **1**
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

NAME

ADDRESS

CITY, STATE, ZIP

FEDERAL BUREAU OF INVESTIGATION

MAR 6 1956

FEDERAL BUREAU OF INVESTIGATION

1743

01719

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

No. 116

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)
Lifetime

X TOWN Lakesville

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

At Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Dorchester

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN LakesvilleSTREET
ADDRESS

(If rural, give location)

Rural

3. NAME OF
DECEASED:
(Type or Print)

GEORGE

(Middle)

(Last)

4. DATE
OF
DEATH

Feb. 20

1956

5. SEX: 6. COLOR OR
RACE:

Male White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Widowed

8. DATE OF BIRTH:

Mar. 30, 1879

9. AGE last birthday:

76

yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Farmer10b. KIND OF BUSINESS OR
INDUSTRY:

Farming

11. BIRTHPLACE (State or foreign country):

Lakesville, Md.

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Edward Foxwell

14. MOTHER'S MAIDEN NAME:

Sarah Jane Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.:

None

17. INFORMANT & ADDRESS:

Henry Foxwell Lakesville, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause

(a) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

hrs.

Antecedent cause(s)

Diseases or conditions, if any, (b)...
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY21e. INJURY OCCURRED
While at Not while
work at work

21c. (City or town) (County)

(State)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

John Moore

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

2/22/56

23. BURIAL, CREMATION,
REMOVAL (Specify):

Burial

DATE THEREOF NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

REG. 2/22/56 Dorchester Memorial Park Cambridge Dorchester Md.

REG. 2/22/56

REG.

RECEIVED
FEB 23 1956
BUREAU Y. S.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

017-0

1744 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH Dorchester COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED Maryland Talbot COUNTY		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge			STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Tilghman		
LENGTH OF STAY (since) 3/14/1952			STREET ADDRESS (If rural give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital					
3. NAME OF DECEASED (First) Calvin (Middle)			4. DATE (Month) OF DEATH Feb. 13 1956 19		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/26/1882	9. AGE last birthday 73 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder			10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Jacob H. Gibson			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <input checked="" type="checkbox"/> If Yes, give war or dates of service)			16. SOCIAL SECURITY NO. 218-03-0803	17. INFORMANT & ADDRESS Eastern Shore State Hospital Records	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2 IMMEDIATE CAUSE (A) Chronic Myocarditis ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Dementia Praecox, paranoid type INTERVAL BETWEEN ONSET AND DEATH several yrs. about 18 yrs.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Feb. 13, 1956, that I last saw the deceased alive on Feb. 12, 1956, and that death occurred at 2:35A.M. from the causes and on the date stated above. SIGNATURE Robert H. Reddick M.D. State Hospital, Cambridge, Md. DATE SIGNED 2/13/56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF FEB 16 1956	NAME OF CEMETERY OR CREMATORIAL TOMBS & CEMER CEM NEW CATHEDRAL CEM	LOCATION (City, town, or county) 4430 BELAIR RD MD OLD FREDERICK RD MD	
24. REC'D. BY REGISTRAR DATE Feb. 16, 1956		REGISTRAR'S SIGNATURE John Mac. Jr.		25. FUNERAL DIRECTOR'S SIGNATURE Doppel Bros 7110 BELAIR RD	

BY DIRECTIVE OF THE STATE DEPARTMENT OF HAWAII

STAGE OF ATTACHMENT

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BUREAU U. S.

FEB 16 1956

RECEIVED

01721

MARYLAND

STATE DEPARTMENT OF HEALTH

1745 CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Hurlock</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hurlock</u> nd.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Malcolm</u>	(Middle) <u>Carrol</u>	4. DATE OF DEATH <u>2/4/1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/8/1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Store</u>	9. AGE last birthday 51 yrs.
13. FATHER'S NAME <u>Charles W. Hastings</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>180-10-2965</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
18. MEDICAL CERTIFICATION <u>Coronary Occlusion</u>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> Immediate cause (a) <u>Coronary Occlusion</u> Antecedent cause(s) (b) <u>Coronary Artery Disease</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>4 hours</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) <u>Hurlock</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	(COUNTY) <u>Md.</u> (STATE) <u>MD</u>
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1953</u> , 19..., to <u>2/4</u> , 19 <u>56</u> that I last saw the deceased alive on <u>2/4</u> , 19 <u>56</u> , and that death occurred at <u>10:00 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>W.C. Harrison</u> (Degree or title) <u>MD</u> ADDRESS <u>Hurlock Md.</u> DATE SIGNED <u>2/7/56</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>2/7/1956</u>	NAME OF CEMETERY OR CREMATORIAL <u>Wash. 19707</u>	LOCATION (City, town, or county) <u>Hurlock, md</u> (State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>2-1-1956</u>	REGISTRAR'S SIGNATURE <u>Charles Hastings</u>	24. FUNERAL DIRECTOR, ADDRESS <u>4150 Maryland</u>	

BUREAU V. 8

FEB 14 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1733

CERTIFICATE OF DEATH

Reg. Dist. No. 116

01722

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Dorchester	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge		c. LENGTH OF STAY IN 1b 26 days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		d. STREET ADDRESS 203 Henry Street	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 67 Cambridge Md. Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CHRISTINA		First	Middle L.	Last INSLEY	4. DATE OF DEATH Feb.	Month 26	Day Year 1956
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 1, 1956	9. AGE (In years lost birthday) 0 yrs.	10. IF UNDER 1 YEAR Months 26	11. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Infant		10b. KIND OF BUSINESS OR INDUSTRY None -Infant		11. BIRTHPLACE (State or foreign country) Cambridge, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edgar Insley				14. MOTHER'S MAIDEN NAME Mary Short			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Edgar Insley		Address Cambridge, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7562 Terminal Broncho pneumonia DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) Transition DUE TO Cause (c) Congenital Anomalies of G.I. tract DUE TO Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) (Autopsy - Unreported)							
INTERVAL BETWEEN ONSET AND DEATH 3 days							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not white of work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2-1, 1956, to 2-26, 1956, that I last saw the deceased alive on 2-26, 1956, and that death occurred at 12:51 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Eldridge H. Wolff M.D. 15 Locust Street, Cambridge, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/28/56		22c. NAME OF CEMETERY OR CREMATORIAL East New Market Cemetery		22d. LOCATION (City, town, or county) East New Market, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service		ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR DATE Feb 28 56		24b. REGISTRAR'S SIGNATURE John H. D.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE GOVERNMENT OF MARCH - 1950

CERTIFICATE OF DEATH

BUREAU V. S

MAR 5 1950

RECEIVED

01723

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1746 CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>Worcester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>St. Michaels. Md</u>	
TOWN		STREET ADDRESS <u>202-3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Nursing Home, St. Michaels Md</u>		(If rural give location)	
3. NAME OF DECEASED: (First) <u>Sadie</u> (Middle) <u></u> (Last) <u>Jackson</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>Feb. 4 1956</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>widowed</u>	8. DATE OF BIRTH: <u>Feb 15- 1871</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10B. KIND OF BUSINESS OR INDUSTRY:	
11A. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>		11B. SOCIAL SECURITY NO. <u>—</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME: <u>Henry Burrow</u>		14. MOTHER'S MAIDEN NAME: <u>Fannie Sears</u>	
15. INFORMANT & ADDRESS: <u>Otto Fairbank, 701 Highland, Md.</u>			
16. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> IMMEDIATE CAUSE <u>Coronary Thrombosis</u> DUE TO <u>(A)</u> ANTECEDENT CAUSE (S) <u></u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u></u> (B) <u></u> DUE TO <u></u> (C) <u></u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u></u>			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN.</u>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>25 Jan 1956</u> to <u>4 Feb 1956</u> , that I last saw the deceased alive on <u>1 Feb 1956</u> and that death occurred at <u>5:00 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Mattie E. Gunby Jr</u> ADDRESS <u>Combridge Md</u> DATE SIGNED <u>8 Feb. 56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>27/1/56</u> NAME OF CEMETERY OR CREMATORIAL <u>Oliver Cemetery</u> LOCATION (City, town, or county) (State) <u>St. Michaels Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Feb 7 1956</u>		REGISTRAR'S SIGNATURE <u>John H. D. Hamilton Harrison</u> ADDRESS <u>St. Michaels Md</u>	
24. FUNERAL DIRECTOR		ADDRESS	

RECEIVED
BUREAU V. S.

FEb 8 1956

Mr. Murphy

1734 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Cambridge

LENGTH OF STAY
(in this place)

1 Week

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Passwaters Conv. Home3. NAME OF
DECEASED:
(Type or Print) JOSEPH

4. DATE (Month) (Day) (Year)

(First) (Middle) (Last)

H. JENKINS

2 12 19 56

5. SEX: 6. COLOR OR
RACE: 7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify) 8. DATE OF BIRTH:

Male White Married 8/7/1876

9. AGE last birthday

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired) Waterman10B. KIND OF BUSINESS
OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

James Jenkins

14. MOTHER'S MAIDEN NAME:

Alice Evans

15. WAR DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) No

16. SOCIAL SECURITY NO. 212-16-129

17. INFORMANT & ADDRESS:

Mrs. Elizabeth Jenkins Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33IX

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

19C. INTERVAL BETWEEN
ONSET AND DEATH21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town)

INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

M.

21E. INJURY OCCURRED

While Not while at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from

1956, to 1956, that I last saw the deceased

alive on 2/1/56, and that death occurred at

34 M. from the causes and on the date stated above.

ADDRESS

M. D. Cambridge, Md.

DATE SIGNED

2/13/56

23. BURIAL, CREMATION, DATE THEREOF

REMOVAL (SPECIFY)

Burial

2-11-56

REGISTRAR

Sept. 14, 1956

REGISTRAR'S SIGNATURE

John P. Hale, M. D.

24. FUNERAL DIRECTOR

LeCompte Funeral Service

Cambridge, Md.

ADDRESS

Part 2 of 2

BUREAU V. S.

FEB 16 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01725

1735

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Dorchester		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b 2 days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Golden Hill		d. STREET ADDRESS Rural		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) PEARL MAY		First	Middle	Last	4. DATE OF DEATH Feb. 29 1956	Month	Day	Year
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH 8 - 16 - 1900	9. AGE (In years lost birthday) 55 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Golden Hill, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Hicks Riggins		14. MOTHER'S MAIDEN NAME Ada Slacum						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Alonza M. Jenkins		Address Golden Hill, Md.		
No								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c)		<i>Hypocardial infarction</i>				INTERVAL BETWEEN ONSET AND DEATH 2 days		
		<i>Coronary Heart Disease</i>				3 yrs.		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from 2/26/56 to 2/29/56 , that I last saw the deceased alive on 2/29 , 19 56 , and that death occurred at 11:57 A.M. , from the causes and on the date stated above. ACTUAL SIGNATURE <i>Lawrence Maryanov</i> M.D. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) <i>Lawrence Maryanov</i> DATE SIGNED 3/2/56								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/3/56		22c. NAME OF CEMETERY OR CREMATORIAL Dorchester Memorial Park		22d. LOCATION (City, town, or county) Cambridge Dorchester Md.		
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service		ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR Patricia J. E. D.		24b. REGISTRAR'S SIGNATURE J. Ma. Day, M.D.		
				DATE March 3/56				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

NAME

DATE OF DEATH

PLACE OF DEATH

NAME OF DOCTOR

NAME OF HOSPITAL

NAME OF FUNERAL HOME

NAME OF ATTENDING PHYSICIAN

NAME OF ATTENDING NURSE

BUREAU V. S

MAR 6 1958

RECEIVED

01726

1747
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 110

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Hurlock - RuralLENGTH OF STAY
(in this place)
LifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Petersburg

3. NAME OF
DECEASED:
(Type or Print)

(First) Charles

(Middle) Winfield

(Last) Jolley

4. DATE
OF
DEATH February 14 19565. SEX:
RACE:

Male Colored

6. COLOR OR
RACE:
(Specify): Married7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
10b. KIND OF BUSINESS OR
INDUSTRY:

Jan. 23, 1884

8. DATE OF BIRTH:
9. AGE last birthday:
IF UNOER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Retired Laborer-American Stores Cannery10b. BIRTHPLACE (State or foreign country): Dorchester Co.Md. 12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

James Jolley

14. MOTHER'S MAIDEN NAME:

Margaret Sampson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.: 216-10-1665

17. INFORMANT & ADDRESS:

Catherine E. Jolley, Hurlock, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4424.1
Immediate cause

(a).....

DUE TO

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH
1 hr

Antecedent cause(s)

Diseases or conditions, if any, (b).....
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M. 21e. INJURY OCCURRED
While at Not while
work at work 21f. HOW DID INJURY OCCUR?22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE *John Moore Jr.*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
2/15/5623. BURIAL, CREMATION,
REMOVAL (Specify): DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)
Burial Feb. 19, 1956 Petersburg Cemetery Hurlock, Md., R.F.D.DATE REC'D BY LOCAL
REG.

BUREAU V. S.

FEB 23 1966

RECEIVED

1736 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY 13 Dorchester	MARYLAND	STATE Maryland	COUNTY Dorchester
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 AT HOME 217 High Street		STREET ADDRESS 217 High Street	
3. NAME OF DECEASED: (Type or Print) MARY		(First) MARY	(Middle) LEWIS
		(Last) JONES	4. DATE (Month) (Day) (Year) OF DEATH: 2 11 19 56
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow	8. DATE OF BIRTH: 3/4/1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None		10B. KIND OF BUSINESS OR INDUSTRY: Housewife	9. AGE last birthday 88 yrs.
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Levin B. Lewis		14. MOTHER'S MAIDEN NAME: Margaret Marshall	
15. INFORMANT & ADDRESS: Addie Lewis 217 High St. Cambridge, Md.		17. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 196X		INTERVAL BETWEEN ONSET AND DEATH 8 mos.	
IMMEDIATE CAUSE (A) DUE TO		Carcinoma of jaw with metastasis	
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Arterioclastic Ht Disease 5 yrs	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/25 1956, to 2/11 1956, that I last saw the deceased alive on 2/10 1956, and that death occurred at 2 30 A.M., from the causes and on the date stated above. SIGNATURE Alfred R. Maryland			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2/13/56	
DATE REC'D BY LOCAL REGISTRAR 12/13/1956		REGISTRAR'S SIGNATURE John Race, M.D.	
NAME OF CEMETERY OR CREMATORIAL Antioch Churchyard		LOCATION (City, town, or county) R.F.D. #1 Cambridge, Md.	
24. FUNERAL DIRECTOR LeCompte Funeral Service		ADDRESS Cambridge, Md.	

RECEIVED
BUREAU V. S.

FEB 16 1956

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-53 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01729

1737 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		Dorchester Cambridge	MARYLAND LENGTH OF STAY (in this place) 30 years		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Muir Street			COUNTY Dorchester STREET ADDRESS (If rural give location) 18 Muir Street		
3. NAME OF DECEASED (Type or Print) Wilda Virginia Gillis Langford			4. DATE OF DEATH Feb. 3rd 19 56		
S. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	B. DATE OF BIRTH 4-12-83	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months -- -- --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY domestic	11. BIRTHPLACE (State or foreign country) Wicomico County, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Cassius S. Gillis			14. MOTHER'S MAIDEN NAME Margaret Bennett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS Mr. Frank Langford, Cambridge, Maryland	
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260x IMMEDIATE CAUSE (A) Terminal Broncho-pneumonia ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Diabetic acidosis GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes Mellitus					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive arterio sclerotic cardio vascular renal disease					
19a. DATE OF OPERATION -- -- --		19b. MAJOR FINDINGS OF OPERATION -- -- --			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) -- -- --		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) -- -- --	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -- -- -- M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -- -- --	
22. I hereby certify that I attended the deceased from 2-1-65, 19, to 2-3-56, 19, that I last saw the deceased alive on 2-2-56, 19, and that death occurred at 3:00AM, from the causes and on the date stated above. SIGNATURE Eldridge H. Woff M.D.					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-5-56		ADDRESS (Street, city, town, state) Cambridge, Maryland DATE SIGNED 2-4-56	
24. REC'D BY REGISTRAR DATE Feb 3, 1956		REGISTRAR'S SIGNATURE J. H. Day N.D.		LOCATION (City, town, or county) Cambridge - Dorchester Md ADDRESS Le Compte Funeral Service, Cambridge, Md.	
25. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service, Cambridge, Md.					

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1748 CERTIFICATE OF DEATH

01730

116

Reg. Dist. No. 116

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
CITY OR TOWN		CITY OR TOWN		STATE OR TOWN		STATE OR TOWN	
Dorchester Cambridge, R.D.		Maryland Cambridge R.D.		Maryland Cambridge R.D.		Maryland Cambridge, Md.	
HOSPITAL INSTITUTION OR STREET ADDRESS		Rural		STREET ADDRESS		Rural	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH Feb. 15, 1956			
(First) Pearl (Middle) Miranda (Last) Parks				(Month) (Day) (Year)			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 28, 1876	9. AGE last birthday 79 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Somerset County, Md.	
13. FATHER'S NAME John Wesley Ford				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) DO				16. SOCIAL SECURITY NO. none			
17. INFORMANT & ADDRESS Mrs. R. Hernie Creighton, R.D. 2 Cambridge,				18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4427 IMMEDIATE CAUSE (A) <i>Uremia</i> ANTECEDENT CAUSE(S) DUE TO <i>Congestive Heart Failure</i> DISEASES OR CONDITIONS, IF ANY, (B) <i>Arterio sclerosis & hypertension</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO <i>Diabetes mellitus</i>				INTERVAL BETWEEN ONSET AND DEATH 10 days 2 weeks ?			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				15 yrs			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb. 14, 1956</i> to <i>Feb. 15, 1956</i> , that I last saw the deceased alive on <i>Feb. 14, 1956</i> , and that death occurred at <i>M.</i> from the causes and on the date stated above.							
SIGNATURE <i>H. Thompson</i> ADDRESS (Street, city, town, state) <i>Cambridge Md.</i> DATE SIGNED <i>Feb. 14, 56</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 17, 1956		NAME OF CEMETERY OR CREMATORIUM Greenlawn Cemetery		LOCATION (City, town, or county) Cambridge, Md. (State)	
24. REC'D BY REGISTRAR DATE <i>Feb. 17, 1956</i>		REGISTRAR'S SIGNATURE <i>John Doe, M. D. Kenneth R. Thompson</i>		25) FUNERAL DIRECTOR'S SIGNATURE <i>John Doe, M. D. Kenneth R. Thompson</i>		ADDRESS Cambridge, Md.	

BY PROVINCIAL REGISTRATION TO THE STATE OF CALIFORNIA

REGISTRATION OF TRADE

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1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it may be filed with
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1749 CERTIFICATE OF DEATH

01731

Reg. Dist. No. 116

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Dorchester			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vienna R.F.D. #1		c. LENGTH OF STAY IN 1b 5 Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vienna		d. STREET ADDRESS R.F.D. #1			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION At Home				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) NELLIE		First W.	Middle READ	Last	4. DATE OF DEATH Feb. 24 1956	Month	Day	Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH Nov. 14, 1873	9. AGE (In years lost birthday) 82 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John H. C. Brewer		14. MOTHER'S MAIDEN NAME Fannie Cummings							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Fred W. Walker Vienna, Md.		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		CORONARY THOMBOSIS				INTERVAL BETWEEN ONSET AND DEATH 24 HOURS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from MARCH 9, 1951 , to February 17, 1956 , that I last saw the deceased alive on February 17, 1956 , and that death occurred at 10:30 A.M. from the causes and on the date stated above. ACTUAL SIGNATURE Walter E. Gunby Jr.						ADDRESS (Street, city or town, state) 105 Church Street Cambridge Maryland		DATE SIGNED 24 Feb 56	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/27/56		22c. NAME OF CEMETERY OR CREMATORIUM Woodlawn Cemetery		22d. LOCATION (City, town, or county) Baltimore		(State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service		ADDRESS Cambridge Md.		24a. REC'D BY REGISTRAR John H. C. Brewer		24b. REGISTRAR'S SIGNATURE John H. C. Brewer			
VS A15 (4) 15M 9/55				DATE Feb 25 1956					

BUREAU V. S.

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MARYLAND

1750

CERTIFICATE OF DEATH

STATE DEPARTMENT OF HEALTH

01732

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY <i>Dorchester</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i> COUNTY <i>Dor</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>TOWN Dorlock</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Cambridge Pt. 3</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>20</i>		STREET ADDRESS <i>(If rural, give location)</i>	
3. NAME OF DECEASED (Type or Print) <i>Peter John</i>	(First) <i>Peter</i> (Middle) <i>John</i>	(Last) <i>Roeder</i>	4. DATE OF DEATH <i>2/5 1956</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12/25/1882</i> 9. AGE last birthday <i>73</i> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self-employed</i>	10c. EMPLOYER <i>Hurlock Md</i>
13. FATHER'S NAME <i>John Roeder</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i> 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>163X</i>		16. SOCIAL SECURITY NO. <i>134-12-0000</i>	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Coronoma of Lung</i>			
17. INFORMANT AND ADDRESS <i>Mrs Susanna Kleisch</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr +</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>December 25 to Feb. 5, 1956</i> , that I last saw the deceased alive on <i>2/5 1956</i> , and that death occurred at <i>12:30 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>W.C. Harrison MD</i> DATE SIGNED <i>2/7/56</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>2/8/1956</i>	NAME OF CEMETERY OR CREMATORIAL <i>Dor. Memorial</i>	LOCATION (City, town, or county) <i>Cambridge, Md</i> (State)
DATE REC'D BY LOCAL REG.	REG. <i>2-8-1956</i>	REGISTRAR'S SIGNATURE <i>Chas W. Hastings</i>	24. FUNERAL DIRECTOR ADDRESS <i>J.B. Mallory & Son</i>
25. DATE REC'D BY LOCAL REG. <i>2-8-1956</i> REGISTRAR'S SIGNATURE <i>Chas W. Hastings</i> 26. FUNERAL DIRECTOR ADDRESS <i>J.B. Mallory & Son</i>			

RECEIVED
FEB 14 1956
BUREAU OF INVESTIGATION

1751

01733
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester			
CITY (If outside corporate limits, write RURAL OR and give nearest town) Rhodesdale LENGTH OF STAY (in this place) TOWN 6 years		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rhodesdale			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Highway		STREET ADDRESS (If rural, give location) Main Highway			
3. NAME OF DECEASED: (Type or Print)	(First) Major	(Middle) Colonna	(Last) Slacum		
4. DATE OF DEATH	Feb. 8, 1956	(Month)	(Day)	(Year)	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: May 13, 1876	9. AGE last birthday: 79 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Contractor self-employed		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Cambridge, R.D.	
13. FATHER'S NAME: Levin L. Slacum		14. MOTHER'S MAIDEN NAME: Dorothy Hubbard		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service) no	16. SOCIAL SECURITY NO.: none	17. INFORMANT & ADDRESS: Charles G. Slacum, Race St., Cambridge, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422-1 Immediate cause (a) Cerebral Vascular Accident DUE TO Antecedent cause(s) (b) Arteriosclerotic Cardio Vascular Disease Diseases or conditions, if any, (b) Arteriosclerotic Cardio Vascular Disease giving rise to the above cause DUE TO stating underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)		21c. (City or town) (County)	(State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>John Moore Jr.</i>					
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF Feb. 11, 1956	NAME OF CEMETERY OR CREMATORIUM Greenlawn Cemetery	LOCATION (City, town, or county) (State) Cambridge, Md.	
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE <i>John Moore Jr.</i>		24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md.	ADDRESS	

BUREAU V.

FEB 14 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01734

1738

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Dorchester		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge		c. LENGTH OF STAY IN 1b one week		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woolfords		d. STREET ADDRESS Rural		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 67 Cambridge Md. Hospital						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) CHARLES		First	Middle	Last	4. DATE OF DEATH STARK	Month Feb.	Day 25	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH 3/22/1888	9. AGE (In years last birthday) 67 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10b. KIND OF BUSINESS OR INDUSTRY Masonry Const.		11. BIRTHPLACE (State or foreign country) Glasgow, Scotland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Stark		14. MOTHER'S MAIDEN NAME Jane Milgoloy						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I		17. INFORMANT Mrs. Hilda K. Stark Woolfords, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 570.1		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		Mesenteric thrombosis (b) Venous occlusion (c) Paralytic ileus		INTERVAL BETWEEN ONSET AND DEATH 2 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma of head of pancreas						1 days		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —				2 days		
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) —	(County)	(State)		
21. I certify that I attended the deceased from <u>Feb 21, 1956</u> , to <u>Feb 25, 1956</u> that I last saw the deceased alive on <u>Feb 25, 1956</u> , and that death occurred at <u>10:25 AM</u> , from the causes and on the date stated above.								
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	<u>Lewis M. Burdette</u>		ADDRESS (Street, city or town, state) M.D. Locust St., Cambridge, Md. 2/25/56		DATE SIGNED			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Feb. 27, 1956	22c. NAME OF CEMETERY OR CREMATORIAL Dorchester Memorial Pk.	22d. LOCATION (City, town, or county) Cambridge Dorchester Md.	(State)				
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service	ADDRESS Cambridge, Maryland	24a. REC'D BY REGISTRAR DATE <u>Feb. 27, 1956</u>	24b. REGISTRAR'S SIGNATURE <u>John H. H. D.</u>					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, it may be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE DEPARTMENT OF HEALTH-DEATH
CERTIFICATE OF DEATH

2212

WISCONSIN

STATE OF WISCONSIN

DEPARTMENT OF HEALTH

REGISTRATION

BUREAU N.Y.

FEB 28 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01735

1752

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <u>Cambridge</u>		MARYLAND LENGTH OF STAY (If rural give location) <u>6/14/55</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Denton</u> STREET ADDRESS <u>05x-2</u>	
3. NAME OF DECEASED (Type or Print) <u>Amanda</u>		(First) <u>Amanda</u> (Middle) <u>Lee</u> (Last) <u>Thorpe</u>	
4. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH <u>6/18/1870</u>
9. AGE last birthday <u>85</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	11. KIND OF BUSINESS OR INDUSTRY	12. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>William Wooten</u>	14. MOTHER'S MAIDEN NAME <u>Sarah Ann Andrews</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>
17. INFORMANT & ADDRESS <u>Eastern Shore State Hospital Records</u>		18. MEDICAL CERTIFICATION <u>Generalized Arteriosclerosis</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>450.0</u>		INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>	
IMMEDIATE CAUSE <u>450.0</u>		(A) DUE TO	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Senile Psychosis</u>		about 6 yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) <u>6/14</u> (Day) <u>19.56</u> (Year) <u>1956</u> (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21f. WHERE DID INJURY OCCUR? (City or town) <u>Burrsville</u>	
		(County) <u>Burrsville</u> (State) <u>Md.</u>	
22. I hereby certify that I attended the deceased from <u>6/14</u> , 19 <u>56</u> , to <u>2/18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/18</u> , 19 <u>56</u> , and that death occurred at <u>2:08 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Robert H. Reddick</u>		ADDRESS (Street, city, town, state) <u>State Hospital, Cambridge, Md.</u>	
DATE SIGNED <u>2/18/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>2/21/56</u>	NAME OF CEMETERY OR CREMATORIAL <u>Burrsville</u>	LOCATION (City, town, or county) <u>Burrsville, Md.</u>
24. REC'D BY REGISTRAR <u>John Raa</u>	REGISTRAR'S SIGNATURE <u>John Raa</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Boulais & Sons, Inc., Greensboro, Md.</u>	
DATE <u>Feb 21, 1956</u>		ADDRESS	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01736

1753 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Dorchester rural-Cambridge	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Eastern Shore State Hospital		STREET ADDRESS 104 W. CHESTNUT Salisbury 22-12-2	
3. NAME OF DECEASED (Type or Print)	(First) (Middle) (Last) Lloyd William Tilghman		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid	8. DAY OF BIRTH June 27 1896
9. AGE last birthday 59 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME D. James Tilghman	14. MOTHER'S MAIDEN NAME Nora Reddish		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.		
17. INFORMANT & ADDRESS Eastern Shore State Hospital records Mr. H. Oliver Tilghman (BIRTHPLACE) R.D. # 4 Salisbury, Md. (ONSET AND DEATH)			
18. MEDICAL CERTIFICATION 4214 IMMEDIATE CAUSE (A) Chronic Endocarditis UNKNOWN ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Not while <input type="checkbox"/> at work <input type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22. I hereby certify that I attended the deceased from Aug. 15, 1955, to Feb. 23, 1956, that I last saw the deceased alive on Feb. 23, 1956, and that death occurred at 9:00 A.M. from the causes and on the date stated above. SIGNATURE Thomas J. Dredge M.D. E.S.S. Hospital, Cambridge, Md. DATE SIGNED Feb. 23, 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Feb. 26, 1956	NAME OF CEMETERY OR CREMATORIAL Parsons Cemetery	LOCATION (City, town, or county) Salisbury Md. (State)
24. REC'D BY REGISTRAR DATE MAR 1 1956	REGISTRAR'S SIGNATURE Dr. John Mace, Jr.	25. FUNERAL DIRECTOR'S SIGNATURE Holloway & Co. Salisbury Md.	ADDRESS

ST. STATE DEPARTMENT TO BAHRAIN-GULF

DEPARTMENT OF DEFENSE

RECORDED IN CORDS TO DEFENSE

DEFENSE

DEFENSE

RECORDED IN CORDS TO DEFENSE

BUREAU V. S.

MAR 2 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01737

Item 7, Film G194, 3-23-56 et

1739

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Cambridge

LENGTH OF STAY
(in this place)

life

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN Cambridge

STREET ADDRESS
(If rural give location)

RFD #2

3. NAME OF
DECEASED:
(Type or Print)

Ernest

(Middle)

(Last)

Whittington

4. DATE (Month)

(Day)

(Year)

OF
DEATH: Feb 8

1956

5. SEX:

Male

6. COLOR OR
RACE:

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.

(Specify): Married

8. DATE OF BIRTH:

April 2, 1877

9. AGE last birthday

78

IF UNDER 1 YEAR

Months Days Hours Min.

yrs.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired)10B. KIND OF BUSINESS
OR INDUSTRY:

Blacksmith

Blacksmithing

11. BIRTHPLACE (State or foreign country):

Dor-County-Md.

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

Thomas H. Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) unk unk

16. SOCIAL SECURITY NO.

unk

14. MOTHER'S MAIDEN NAME:

Sarah Ann Eves

17. INFORMANT & ADDRESS:

Lela Whittington, RFD #2 Camb., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

(A)
DUE TO

Cardiac Decompensation

ANTECEDENT CAUSE (S)

(B)
DUE TOHypertensive Arteriosclerotic heart
disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATH21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1955 to Feb 8, 1956, that I last saw the deceased
alive on Feb. 8, 1956, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE *J. Edwin Fassett* ADDRESS DATE SIGNED
M.D. 227 Pine St-Camb., Md. -2-13-5623. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REGISTRAR

Feb. 12, 1956

REGISTRAR'S SIGNATURE

John Haag Jr. D.

24. FUNERAL DIRECTOR

ADDRESS
H. M. StClair, Jr-High St-Camb., Md.

RECEIVED

FEB 20 1956

RECEIVED

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01739

1754 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Dorchester CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Cambridge HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Eastern Shore State Hospital		MARYLAND LENGTH OF STAY since 1/3/35		
STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown STREET ADDRESS		COUNTY Kent (If rural give location) 14-37-2		
3. NAME OF DECEASED (First) Elena (Middle) Frances (Last) Wood		4. DATE (Month) (Day) (Year) Feb. 6 1956		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9/23/15	9. AGE last birthday 10 Yrs. 1 IF UNDER 1 YEAR Months 0 Deys 0 Hours 0 Min. 0
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Walter Wood		14. MOTHER'S MAIDEN NAME Leona Meyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. Unknown		
17. INFORMANT & ADDRESS Eastern Shore State Hospital Records		18. MEDICAL CERTIFICATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 150X IMMEDIATE CAUSE (A) <i>Gastric Cancer</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <i>Arteriosclerosis</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH 2 years				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Dementia Praecox, hebephrenic type 20 years				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) Cambridge, Md. (County) Md. (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec. 1, 1951 , to Feb. 6, 1956 , that I last saw the deceased alive on Feb. 6, 1956 , and that death occurred at 8:40 P.M. from the causes and on the date stated above. SIGNATURE Robert H. Reddick M.D. State Hospital, Cambridge, Md. DATE SIGNED 2/6/56				
23. BURIAL, Cremation, Removal (Specify) BURIAL		DATE THEROF 2/9/56	NAME OF CEMETERY OR CREMATORIAL CHESTER CEM.	LOCATION (City, town, or county) Chestertown (State) Md.
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE W. H. Reddick	25. FUNERAL DIRECTOR'S SIGNATURE Willis Wells ADDRESS Chestertown Md.	
DATE Feb. 8, 1956				

DEPARTMENT OF JUSTICE - BALTIMORE, MD

CERTIFICATE OF DEATH

DEATH

DEATH CERTIFICATE

BUREAU Y. S.

FEB 9 1950

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE